### DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

## A Method For Enhancing Cellobiase Activity Of The Novel Strain Termitomyces Clypeatus Using 2-Deoxy-D-Glucose As Glycosylation Inhibitor

the specification of which (check one)

[ X ]	is attached hereto.				
[ ]	was filed on			as Applica	tion
	Serial No.	and	was	amended	or
			(i	f applicable	).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to the patentability of the invention claimed in this application, or information that is material to the examination of this application, in accordance with Title 37, Code of Federal Regulations, section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, section 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

#### PRIOR FOREIGN APPLICATION(S)

			Priority	Claim
(Number)	(Country)	(Day/Month/Year filed)	Yes	No
(Number)	(Country)	(Day/Month/Year filed)	Yes	No
(Number)	(Country)	(Day/Month/Year filed)	Yes	No

## **DECLARATION AND POWER OF ATTORNEY**

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States Provisional application(s) listed below:

PRI	IOR PROVISIONAL APPLICA	TIONS
(application serial number)	(Month / Day / Ye	ar filed)
(application serial number)	(Month / Day / Ye	ar filed)
States application(s) listed be this application is not disclose by the first paragraph of Title to disclose material information	elow and, insofar as the subjected in the prior United States aper 35, United States Code, secton as defined in Title 37, Code between the filing date of the processors.	tode, section 120 of any United at matter of each of the claims of plication in the manner provided ion 112, I acknowledge the duty of Federal Regulations, section prior application and the national
Application Serial No.	Filing Date	Status - patented, pending, abandoned
statements made on informa statements were made with t are punishable by fine or imp	ation and belief are believed to the knowledge that willful false risonment, or both, under Sect n willful false statements may	h knowledge are true and that all b be true; and further that these statements and the like so made ion 1001 of Title 18 of the United y jeopardize the validity of the
counsel, associate and empl Patent Attorney, my attorney application and to transact therewith. I request the Par	loyee of Harness, Dickey & Pic with full power of substitution a all business in the Patent ar tent and Trademark Office to s application to Harness, Dickey	, and each principal, attorney of erce, P.L.C., who is a registered and revocation, to prosecute this nd Trademark Office connected direct all correspondence and & Pierce, P.L.C., P. O. Box 828
Full name of sole or first in	nventor: Suman Khowala	
Inventor's signature:		
Date:		
Residence: Indian Institute of	of Chemical Biology, Calcutta 7	700 032, India
Citizenship: Indian		

Post Office Address: Indian Institute of Chemical Biology, Calcutta 700 032, India

# **DECLARATION AND POWER OF ATTORNEY**

Full name of second joint inventor, if any: Sumana Mukherjee				
Second Inventor's signature:				
Date:				
Residence: Indian Institute of Chemical Biology, Calcutta 700 032, India				
Citizenship: Indian				
Post Office Address: Indian Institute of Chemical Biology, Calcutta 700 032, India				
Full name of third joint inventor, if any: None				
Third Inventor's signature:				
Date:				
Residence:				
Citizenship:				
Post Office Address:				
Full name of fourth joint inventor, if any: None				
Fourth Inventor's signature:				
Date:				
Residence:				
Citizenship:				
Post Office Address:				
Full name of fifth joint inventor, if any: None				
Fifth Inventor's signature:				
Date:				
Residence:				
Citizenship:				
Post Office Address:				